

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05-06-04.

The requestor submitted an updated table of disputed services on 08-09-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97110, 97122, 97250, 97265, 99213, 97750-FC and 97032 on dates of service 05-22-03 through 08-20-03.

II. FINDINGS

The medical necessity issues were withdrawn on 08-09-04 by Dr. Spencer Sloane from Integra Specialty Group, P.A.. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 08-11-04 requesting the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

Review of CPT code 97110 date of service 05-22-03 revealed that neither the requestor nor the respondent submitted a copy of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one". Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

Review of CPT code 97122 dates of service 05-22-03, 06-04-03 and 07-10-03 revealed that neither the requestor nor the respondent submitted a copy of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is per the 96 Medical Fee Guideline MEDICINE GR I (9)(b) in the amount of \$105.00 (\$35.00 X 3 DOS).

Review of CPT code 97250 dates of service 05-22-03, 06-04-03 and 07-10-03 revealed that neither the requestor nor the respondent submitted a copy of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is per the 96 Medical Fee Guideline MEDICINE GR I (9)(b) in the amount of \$129.00 (\$43.00 X 3 DOS).

Review of CPT code 97265 dates of service 05-22-03, 06-04-03 and 07-10-03 revealed that neither the requestor nor the respondent submitted a copy of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is per the 96 Medical Fee Guideline MEDICINE GR I (9)(b) in the amount of \$129.00 (\$43.00 X 3 DOS).

Review of CPT code 99213 dates of service 05-22-03 and 06-04-03 revealed that neither the requestor nor the respondent submitted a copy of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is per the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GR VI(B) in the amount of \$96.00 (\$48.00 X 2 DOS).

CPT code 97122 date of service 06-02-03 denied with denial code "F" (exceeds fee schedule). Reimbursement is per the 96 Medical Fee Guideline MEDICINE GR I (9)(b) in the amount of \$35.00.

CPT code 97750-FC date of service 06-02-03 denied with denial code F (exceeds fee schedule). Per the 96 Medical Fee Guideline MEDICINE GR I (E)(2)(a) reimbursement is allowed at \$500.00. Additional reimbursement is recommended in the amount of \$250.00 (\$500.00 billed minus carrier payment of \$250.00).

Review of CPT code 97032 (2 units) date of service 07-10-03 revealed that neither the requestor nor the respondent submitted a copy of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is per the 96 Medical Fee Guideline MEDICINE GR I (9)(a)(iii) in the amount of \$44.00 (\$22.00 X 2 units).

Review of CPT code 97750-FC (12 units) date of service 08-20-03 revealed that neither the requestor nor the respondent submitted a copy of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$406.34 ($\$29.55 \times 125\% = \$36.94 \times 12 \text{ units} = \443.28 minus carrier payment of \$36.94).

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97122, 97250, 97265, 99213, 97750-FC and 97032. The requestor **is not** entitled to reimbursement for CPT code 97110.

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) and in accordance with Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 05-22-03 through 08-20-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Findings and Decision and Order are hereby issued this 3rd day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh